

TBIW Personal Attendant Professional Competency Based Training - Initial

	Training			Competency Duces		
Training Topic	Date	Start Time	End Time	Instructor Name	Instructor Signature/Credentials	Trainee Signature
CPR-NOTE: May						
not be provided						
solely by an						
internet provider,						
skills must be						
demonstrated.						
First Aid						
Infectious Disease						
Control						
Direct Care Skills -						
4 hours						
Basic Under- standing of TBI (Adult and/or Child) - 2 hours						
Providing ADLs Assistance (Adult and/or Child) - 1 hour						
Person specific training: face to face with a person with TBI, the person with the TBI must be involved in this training - 1 hour						
Abuse/Neglect/						
Exploitation						
Identification						

Personal Attendant Professional Name:______ Hire Date: ____/___



TBIW Personal Attendant Professional Competency Based Training - Initial

HIPAA			
Personal			
Attendant			
Professional Ethics			
Health and			
Welfare			
People First			
Language			

Personal Attendant Professional Name:______ Hire Date: ____/____



TBIW Personal Attendant Professional Competency Based Training - Annual

	Training			Competency Succes		
Training Topic	Date	Start Time	End Time	Instructor Name	Instructor Signature/Credentials	Trainee Signature
CPR-NOTE: May						
not be provided						
solely by an						
internet provider,						
skills must be						
demonstrated.						
First Aid						
Infectious Disease						
Training						
Abuse/Neglect/						
Exploitation						
Identification						
HIPAA						
Direct Care						
service delivery						
knowledge and						
skills for people						
with traumatic						
brain injury - 4						
hours						
Basic Under-						
standing of TBI						
(Adult and/or Child) - 2 hours						
Providing ADLs						
Assistance (Adult						
and/or Child) - 1						
hour						

Personal Attendant Professional Name:	Hire Date://	
Personal Attendant Professional Name:	/ Hire Date://	



TBIW Personal Attendant Professional Competency Based Training - Annual

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Person specific				
training: face to				
face with a				
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the person with				
the TBI must be				
involved in this				
training - 1 hour				

Personal Attendant Professional Name:______ Hire Date: ____/____